837 Health Care Claims/Encounters Professional

Companion Transaction Specifications

Version 1.0

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between DES and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the provider contracts or operational procedure manuals, the contract or procedure manual will prevail.

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837 Professional

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
N/A	REF	02	Transmission Type Code		Pilot Testing: 004010X098DA1 Production: 004010X098A1	Required
1000A	NM1	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification	Required
1000A	NM1	NM109	Submitter Identifier		DDD Assigned Trading Partner ID	Required
1000B	NM1	NM103	Receiver Name		DDD	Required
1000B	NM1	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)	Required
1000B	NM1	NM109	Receiver Primary Identifier		D866004791	Required
2010AA	NM1	NM108	Identification Code Qualifier	24 or 34	Federal Taxpayer Identification Number	Required
2010AA	NM1	NM109	Billing Provider Identifier		Billing Provider's Federal Taxpayer Identification Number	Required
2010AA	REF	REF01	Reference Identification Qualifier	1D B3	Indicate 1D for Medicaid Provider Number	Required
2010AA	REF	REF02	Billing Provider Additional Identifier		Billing Provider's AHCCCS ID	Required
2010AB	NM1	NM108	Identification Code Qualifier	24 or 34	Federal Taxpayer Identification Number	Required
2010AB	NM1	NM109	Pay To Provider Identifier		Pay To Provider's Federal Taxpayer Identification Number Use Loop 2010 AB only when Pay To Provider is different from Billing Provider.	Required
2010AB	REF	REF01	Reference Identification Qualifier	1D B3	Indicate 1D for Medicaid Provider Number	Required
2010AB	REF	REF02	Pay To Provider Additional Identifier		Pay To Provider's AHCCCS ID	Required
2000B	SBR	SBR02	Individual Relationship Code	18	Self	Required

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
2000B	SBR	SBR09	Claim Filing Indicator Code	MC 0F	Indicate MC for Medicaid	Required
2000B	PAT	PAT07	Unit or Basis for Measurement Code	01	Actual Pounds Required on claims/encounters involving EPO (epoetin) for patients on dialysis	Required if applicable
2000B	PAT	PAT08	Patient Weight		The patient's weight in pounds	Required if applicable
2010BA	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number	Required
2010BA	NM1	NM109	Subscriber Primary Identifier		Member's AHCCCS ID (As it appears on DDD Identification Card)	Required
2010BB	NM1	NM103	Payer Name		DDD	Required
2010BB	NM1	NM108	Identification Code Qualifier	PI	Payer Identification	Required
2010BB	NM1	NM109	Payer Identifier		D866004791	Required
2300	CLM	CLM01	Patient Account Number		This is the Patient Account Number used by the provider that performed the service. For HIPAA, the maximum length of the field is 20 characters.	Required
2300	CLM	CLM05-1	Facility Type Code		Place of Service can be submitted at the claim level. Place of Service Codes submitted at the claim level apply to all service lines unless overridden by a different Place of Service at the line level (SV105 in Loop 2400).	Required
2300	CLM	CLM05-3	Claim Frequency Code	1 7 8	Original Replacement (Replacement of prior claim) Void (Void/Cancel of prior claim)	Required
2300	CLM	CLM11-1 CLM11-2 CLM11-3	Related Causes Code	AA OA AP EM	Auto Accident Other Accident Another Party Responsible Employment	Required if applicable

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
					DDD requires one of these values if the situation it describes is present. Up to three Related Causes Codes can be submitted per claim (CLM11-1, CLM11-2, and CLM11-03).	
2300	CLM	CLM11-4	Auto Accident State or Province Code	Standard 2 digit State/ Province codes must be used where applicable	Required if any one of the Related Causes Code submitted has a value of "AA" (Auto Accident).	Required if applicable
2300	CLM	CLM11-5	Country Code	Standard 2 or 3 digit code identifying the country, must be used where applicable	Required if any of the up to three Related Causes Code occurrences submitted has a value of "AA" (Auto Accident) and the accident occurred outside the United States.	Required if applicable
2300	CLM	CLM12	Special Program Indicator	01	Use this value for EPSDT examinations and screenings. Services that result from EPSDT referrals are indicated at the service line level by Element SV111 EPSDT Indicator in Loop 2400.	Required if applicable
2300	DTP	DTP01	Date Time Qualifier	439	Accident Date The Accident Date DTP Segment is required if the claim resulted from an accident (CLM11-1, -2, or -3 = "AA", "OA" or "AP").	Required if applicable
2300	DTP	DTP02	Date Time Period Format Qualifier	D8	Date expressed in format CCYYMMDD	Required if applicable
2300	DTP	DTP03	Accident Date		The date of the accident if the claim results from an accident (CLM11-1, -2 or -3 = "AA", "OA" or "AP").	Required if applicable
2300	REF	REF01	Reference Identification Qualifier	G1	Prior Authorization Number	Required if applicable

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
						Required if applicable
2300	REF	REF02	Prior Authorization Number		The Prior Authorization Number	Required if applicable
2300	REF	REF01	Reference Identification Qualifier	F8	Original Reference Number This REF Segment is required if a claim voids or replaces another claim.	Required if applicable
2300	REF	REF02	Claim Original Reference Number		For replacement and void claims (CLM05-3 = "7" or "8"), the Claim Reference Number (CRN) of the prior claim being replaced or voided.	Required if applicable
2310A	NM1	NM108	Identification Code Qualifier	24 34	Employer's Identification Number Social Security Number Use the 2310A Loop when a referring provider is present at the claim level Please note that for DDD the referring provider should be indicated in the claim level and not at the claim line level	Required if applicable
2310A	NM1	NM109	Referring Provider Identifier		The referring provider's Federal Tax ID or Social Security Number.	Required if applicable
2310A	REF	REF01	Reference Identification Qualifier	1D B3	1D to indicate Medicaid Number	Required if applicable
2310A	REF	REF02	Referring Provider Secondary Identifier		Provider's AHCCCSID	Required if applicable
2310B	NM1	NM108	Identification Code Qualifier	24 or 34	Employer's Identification Number or Social Security Number Use the 2310B Loop for the rendering provider at the claim level when the rendering provider is different from the billing provider in Loop 2010AA. If billing and rendering providers are the same, the 2310B Loop is not needed. Although the 837 Transaction supports different Rendering Providers at the service line level, DDD policy requires a single	Required if rendering provider is different from billing provider

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
					Rendering Provider per claim.	
2310B	NM1	NM109	Rendering Provider Identifier		The rendering provider's Federal Tax ID or Social Security Number	Required if rendering provider is different from billing provider
2310B	REF	REF01	Reference Identification Qualifier	1D B3	1D to indicate Medicaid Number	Required if rendering provider is different from billing provider
2310B	REF	REF02	Rendering Provider Secondary Identifier		Provider's AHCCCSID	Required if rendering provider is different from billing provider
2320	SBR	SBR01	Payer Responsibility Sequence Number Code	P S T	Primary Secondary Tertiary Other carrier Loop 2320 can occur up to ten times for up to ten payers other than DDD.	Required if applicable
2320	SBR	SBR03	Insured Group or Policy Number		A Group or Policy Number associated with the other coverage.	Required if applicable
2320	SBR	SBR04	Other Insured Group Name		A Group or Policy Name associated with SBR03	Required if applicable
2320	AMT	AMT01	Amount Qualifier Code	D	Payor Paid Amount	Required if applicable
2320	AMT	AMT02	Payer Paid Amount		Indicate the total amount paid by the other carrier	Required if applicable
2320	AMT	AMT01	Amount Qualifier Code	AAE	Approved Amount	Required if applicable
2320	AMT	AMT02	Approved Amount		Indicate the amount approved by the	Required if

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
					other payer	applicable
2320	AMT	AMT01	Amount Qualifier Code	B6	Allowed Actual	Required if applicable
2320	AMT	AMT02	Allowed Amount		Indicate the allowed actual amount	Required if applicable
2400	SV1	SV101-1	Product or Service ID Qualifier	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	Required
2400	SV1	SV101-3	Procedure Modifier		The first Procedure Code Modifier.	Required if applicable
2400	SV1	SV101-4	Procedure Modifier		The second Procedure Code Modifier.	Required if applicable
2400	SV1	SV101-5	Procedure Modifier		The third Procedure Code Modifier.	Required if applicable
2400	SV1	SV101-6	Procedure Modifier		The fourth Procedure Code Modifier.	Required if applicable
2400	SV1	SV103	Unit or Basis for Measurement Code	UN	Indicates units	Required
2400	SV1	SV104	Service unit count		DDD expects to see the number of units without decimal points	Required
2400	SV1	SV105	Facility Code Value		Place of Service Codes submitted at the service line level override different Place of Service Codes at the claim level (Loop 2300, Element CLM05-1).	Required if different from claim level value
2400	SV1	SV111	EPSDT Indicator		To be marked "Yes" if the service is the result of an EPSDT referral Required if a Medicaid service is the result of a screening referral. The service referenced on this service line element differs from the EPSDT screening identified by the claim level Special Program Indicator (CLM12) in Loop 2300. SV111 indicates a service that results from an EPSDT referral, not the original EPSDT evaluation	TBD
2410	LIN	LIN02	Product or Service ID	N4	National Drug Code in 5-4-2 Format	Optional

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD	Usage
			Qualifier		Information on drugs supplied or prescribed in association with HCPCS Procedure Codes	
2430	SVD	SVD01	Other Payer Primary Identifier		This number should match NM109 in Loop ID-2330B identifying Other Payer	Required if applicable
2430	SVD	SVD02	Service Line Paid Amount		Indicate the amount paid by the other payer for this service line	Required if applicable
2430	SVD	SVD03-01	Product or Service ID Qualifier	HC	Indicates the use of Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	Required if applicable
2430	SVD	SVD03-02	Procedure Code		Indicate the procedure code	Required if applicable
2430	SVD	SVD05	Procedure Unit Count		Indicate the number of units for the service line	Required if applicable